

## Indirect Service/Vendor Contract Review Summary Report

Division: \_\_\_\_\_ Review Date: \_\_\_\_\_

Reviewer(s): \_\_\_\_\_

Provider Name: \_\_\_\_\_ Provider ID: \_\_\_\_\_

Contract #: \_\_\_\_\_

Review Location(s): \_\_\_\_\_

**Compliance Ratings: Y = Yes; N = No; NA = Not applicable**

Component	Compliance? (Yes / No/ NA)			* Deficiency Level?	Areas Needing Improvement/ Comments:
<b>Provider Qualifications</b>					
Provider qualifications (license, experience, etc.)	Y	N	NA	Major ____ Significant ____ Minor ____	
<b>Performance Measures</b>					
Does the Provider meet the deliverables required in the contract?	Y	N	NA	Major ____ Significant ____ Minor ____	
<b>Fiscal monitoring</b>					
Billings from providers are itemized in same categories as contracted budget?	Y	N	NA	Major ____ Significant ____ Minor ____	
Itemized billings are consistent with contracted budget? (Note: requires review prior to fund disbursement)	Y	N	NA	Major ____ Significant ____ Minor ____	
Onsite reviews of "costs of service" are in compliance with contracted budget?	Y	N	NA	Major ____ Significant ____ Minor ____	
<b>Federal Assurances and Standard Terms</b>					
Annual self-certification signed? (Only required for multi-year contracts)	Y	N	NA		
The sample of standard terms and/or Federal Assurances reviewed indicates compliance?	Y	N	NA	Major ____ Significant ____ Minor ____	

Component	Compliance? (Yes / No/ NA)			* Deficiency Level?	Areas Needing Improvement/ Comments:
<b>Additional Requirements/Major Deliverables</b>					
	Y	N	NA	Major ____ Significant ____ Minor ____	
	Y	N	NA	Major ____ Significant ____ Minor ____	
	Y	N	NA	Major ____ Significant ____ Minor ____	
	Y	N	NA	Major ____ Significant ____ Minor ____	
	Y	N	NA	Major ____ Significant ____ Minor ____	
	Y	N	NA	Major ____ Significant ____ Minor ____	

\_\_\_\_\_  
CONTRACT MONITOR (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
CONTRACT MONITOR (Please Print)

\_\_\_\_\_  
CONTRACT MONITOR (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
CONTRACT MONITOR (Please Print)